MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.

Edmund P. Kemp

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Bureau of Medicaid Policy and Actuarial Services
Medical Services Administration

Project Number:	0506-HCEP	**Comments Due:**	4/20/05	**Proposed Effective Date:**	XX/XX/05

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Policy Subject: Revised Maternity Outpatient Medical Services (MOMS) Enrollment Application

Affected Programs: Medicaid, MOMS

Distribution: HCEP Manual Holders

Policy Summary: Revision of current MOMS policy regarding incarcerated women, teen's income, Medicaid application requirements, covered services.

Proposed Policy Draft

Michigan Department of Community Health
Medical Services Administration

Bulletin: XX-XXX

Distribution: HCEP Manual Holders

Issued: XX/XX/05

Subject: Revised Maternity Outpatient Medical Services (MOMS) Enrollment Application

Effective: XX/XX/05

Programs Affected: Medicaid, MOMS

Policy addressing eligibility, available services and enrollment application for Maternity Outpatient Medical Services (MOMS) has been revised. Incarcerated women are no longer eligible for the MOMS program. All references to incarcerated women have been removed from the manual. Other changes in application and eligibility determination are in the subsections for Target Population, Coverage, Non-financial Factors, Financial Factors, Budgeting, Medical Services Coverage (table), Guarantee of Payment Letter, Enrollment Procedures, Local Health Department and Authorized Agency Responsibilities, and Provider Billing. Presumptive eligibility for MOMS will be determined by a trained, qualified entity such as the Local Health Department.

LEGAL BASIS

Medicaid
Title XIX, Section 1902 (a) (47) of the Social Security Act
Title XIX, Section 1920

MOMS
DCH Appropriations
Public Health Code, PA 368 of 1978, as amended

TARGET POPULATION

Women who are pregnant or were recently pregnant (within two calendar months following the month the pregnancy ended) who apply for medical coverage for their pregnancy at a Local Health Department (LHD), Federally Qualified Health Center (FQHC), or Family Independence Agency (FIA) and meet one or more of the following criteria:

- **Women:** With income at or below 185% of the federal poverty level.
- **Emergency Services Only (ESO) Beneficiary:** Women who are covered by the Medicaid Emergency Services Only (ESO) program.

Note: Frequently, individuals determined eligible for MOMS subsequently become eligible for Medicaid. MOMS eligibility is terminated on the effective date of full Medicaid coverage. Medicaid covers all services available under the MOMS program. (This does not include Medicaid ESO.)

COVERAGE

Coverage Date: The eligibility begin date for Maternity Outpatient Medical Services (MOMS) is the date of application.

Coverage Period: Enrollment in Maternity Outpatient Medical Services (MOMS) covers pregnancy-related services and the physician's professional fee for labor and delivery. Coverage begins the date of application. Medically necessary ambulatory postpartum care will be covered for 60 days after the pregnancy ends.

Coverage Retroactive: The maximum period of retroactive eligibility for Maternity Outpatient Medical Services (MOMS) will be three months from the date of application.

ELECTRONIC VERIFICATION SYSTEM (EVS) IDENTIFIERS

Maternity Outpatient Medical Services (MOMS) enrollees are included in the Electronic Verification System (EVS).

NON-FINANCIAL FACTORS

All non-financial factors (as defined in Chapter IV; “NONFINANCIAL FACTORS”) must be met for the month being tested, with the following exceptions:

- A Social Security Number (SSN) is not required for this program.
- Third-party resources such as insurance are pursued.

FINANCIAL FACTORS

Financial factors do not apply to teens. For those pregnant women whose income is considered, the adjusted gross income after allowable deductions and prorating must be at or below 185% of the Federal Poverty Level (FPL) for the month being tested.

BUDGETING

The income is prorated as explained in Chapter VI, "BUDGETING."

Parental income for pregnant women applying for or receiving Medicaid under the Healthy Kids for Pregnant Women category will be disregarded.

INCOME VERIFICATION

Verification of income is not necessary unless the beneficiary's statement is inadequate or questionable.

MEDICAL SERVICES COVERAGE

Maternity Outpatient Medical Services (MOMS) will no longer provide coverage for Family Planning Services or Sterilization.

Maternity Outpatient Medical Services (MOMS) coverage is limited to those included in the following table of covered services.

Maternity Outpatient Medical Services (MOMS) Covered Services

Prenatal Care and Pregnancy Related Care	Professional fee for labor and delivery (including live birth, fetal death, as well as care for miscarriage, ectopic pregnancy) **Note:** Coverage will include hospital (provider type 30) services as well as professional services related to an inpatient delivery. No other inpatient hospital services will be covered.
Pharmaceuticals and Prescription Vitamins	Outpatient hospital care.
Radiology and Ultrasound	Other pregnancy-related services approved by MDCH.
Post-partum Care	Medically necessary ambulatory postpartum care will be covered for 60 days after the pregnancy ends.

If eligibility for Medicaid Emergency Services Only (ESO) is established, MOMS will cover all delivery charges. Services to the infant are not covered at any time under Maternity Outpatient Medical Services (MOMS).

PRIVATE INSURANCE

A copy of the health insurance card, if the other insurance covers pregnancy-related services, must accompany the application.

Private insurance coverage must be billed first. MOMS will be the secondary payer of services if private insurance coverage exists. Reimbursement for services will be as specified in the Billing and Reimbursement chapters of the Michigan Medicaid Provider Manual. This would include following the rules of any private commercial managed care contract first.

Note: If the woman gains full Medicaid coverage, Medicaid will cover the inpatient hospital costs. Services to the infant are not covered at any time under the MOMS program. The infant's family/primary caregiver is encouraged to apply promptly for Medicaid coverage for the infant.

GUARANTEE OF PAYMENT LETTER

The Guarantee of Payment Letter only guarantees payment for 45 days after the date of issuance. Women who receive a Guarantee of Payment Letter must be eligible for and pursuing Medicaid. MOMS eligibility will terminate if Medicaid is not being pursued. Michigan Department of Community Health (MDCH) has developed a process whereby providers are assured payment from MDCH for services provided to pregnant women. At the time of accepting an application from a pregnant woman, the Local Health Department, Federally Qualified Health Center, and/or Family Independence Agency will make an initial screening to determine if the woman appears to qualify for Medicaid or MOMS. If it is determined that the woman appears to qualify, the agency may issue a Guarantee of Payment letter (DCH-1164 dated 01-03) to the pregnant woman to enable her to obtain care immediately and not have to wait for her identification card. The DCH-1164 guarantees payment for up to 45 days.

ENROLLMENT PROCEDURES

For all beneficiaries, the Maternity Outpatient Medical Services (MOMS) enrollment forms (MSA-1142 or MSA-1142 (E), Maternity Outpatient Medical Services (MOMS)-Enrollment Notice and/or MSA-1134, Authorization to Disclose Protected Health Information (English); or MSA-1135, Authorization to Disclose Protected Health Information (Spanish)) must be completed.

There are additional information requirements for specific types of beneficiaries (see below).

LOCAL HEALTH DEPARTMENT (LHD) AND AUTHORIZED AGENCY RESPONSIBILITIES

The Local Health Departments (LHD) and authorized agencies that assist pregnant women with applications for Maternity Outpatient Medical Services (MOMS) should:

- Assist applicants over the telephone and make appointments.
- Advise the applicant of the requirements for the Maternity Outpatient Medical Services (MOMS) program, and assist in securing any required documentation. Teens and women with current Emergency Services Only (ESO) Medicaid eligibility may be enrolled directly into the Maternity Outpatient Medical Services (MOMS) program.
- Explain to the applicant that, if other insurance exists, it must be billed first. (Beneficiaries are still responsible for co-payments and deductibles.)

- Complete, or assist in the completion of, all information requested on the Maternity Outpatient Medical Services (MOMS) enrollment form.
- Prepare the Guarantee of Payment Letter that notifies providers of the services and billing procedures of the program.
- Submit the Maternity Outpatient Medical Services (MOMS) application materials, including the yellow copy of the Guarantee of Payment Letter and the white copy of the MSA-1142 (or 1142(E), Maternity Outpatient Medical Services (MOMS) - Enrollment Notice) to the following address:

  Michigan Department of Community Health
  Medical Services Administration
  Maternity Outpatient Medical Services
  P.O. Box 30479
  Lansing, MI 48909-7979

DEPARTMENT OF COMMUNITY HEALTH (DCH) RESPONSIBILITIES

The Maternity Outpatient Medical Services (MOMS) application is reviewed, eligibility is verified, the coverage period is established and, if approved, the beneficiary is enrolled in the Maternity Outpatient Medical Services (MOMS) data system.

If additional information is needed to determine eligibility, Department of Community Health (DCH) staff sends a notice to the applicant, with a copy to the Local Health Department (LHD) or Authorizing Agency requesting the additional information. If the application cannot be approved, it is returned to the Local Health Department (LHD) with comments and information regarding the denial.

A monthly notification report will be mailed to each Local Health Department (LHD) that enrolled beneficiaries the previous month. This list includes each beneficiary's name, birth date, beneficiary identification number, and the period of coverage.

PROVIDER BILLING INSTRUCTIONS

Private insurance, if any, must be billed prior to billing the Maternity Outpatient Medical Services (MOMS) program.

Electronic invoices are to be used for the Maternity Outpatient Medical Services (MOMS) program to provide consistency for providers.

All services, with the exception of pharmacy, must be billed within one (1) year of the date of service.

Pharmacy services must be billed within six (6) months of the date of service.

Note: For Pharmacy Services, the MOMS program should be billed with customer receipts. Do not bill the MOMS program through the Fee-for-Service Point of Sale System.

Rejected bills must be resubmitted within 120 days of the last rejection.

Claims must be completed following standard Medicaid billing and reimbursement guidelines. Claims must be submitted to the same location as Medicaid claims.

INTERACTION WITH OTHER PROGRAMS

Children's Special Health Care Services

Maternity Outpatient Medical Services (MOMS) beneficiaries may receive Maternity Outpatient Medical Services (MOMS) and benefits of the Children's Special Health Care Services (CSHCS) program.

Medicaid

Applicants cannot receive Maternity Outpatient Medical Services (MOMS) and Medicaid benefits at the same time. (See Chapter I, "FAMILY INDEPENDENCE PROGRAM RELATED (FIP-RELATED) CATEGORIES" for more information.)

Transitional Medical Assistance-Plus (TMA-Plus)

Normally, pregnancy-related services would be covered through the Transitional Medical Assistance-Plus (TMA-Plus) program. However, if the woman is Emergency Services Only (ESO), then she may also be eligible for Maternity Outpatient Medical Services (MOMS) for her pregnancy-related services.